Total Claims Independent Claims Multiple Dependent C	#5054 i ISOBE et ENINE CO nts 450 is an americulated and Claims After arendment 38 2 Claims (che ecify):	ndment in the d is transmitte CLAIM Highest Number Previously Paid - 38 = - 3 =	above-identif d as shown b S AS AMEN Number Extra Claims Present 0 0	ied application. elow.		0.00 0.00	
ention: NOVEL ADI Amendment mmissioner for Pater b. Box 1450 xandria, VA 22313-1- ransmitted herewith the fee has been calc Re Am Total Claims Independent Claims Multiple Dependent Co Other fee (please specific please specific please charge Deal A duplicate copy of the copy of t	ENINE COnts 450 is an americulated and After mendment 38 2 Claims (cheecify):	ndment in the d is transmitte CLAIM Highest Number Previously Paid - 38 = - 3 =	above-identif d as shown b S AS AMEN Number Extra Claims Present 0 0	REOF ied application. elow. DED Rate x 52.00		0.00	
Amendment mmissioner for Pater D. Box 1450 xandria, VA 22313-14 ransmitted herewith ne fee has been calc Re Am Total Claims Independent Claims Multiple Dependent C Other fee (please spe TOTAL ADDITIONA X Large Entity No additional fee A duplicate copy of	ecify):	ndment in the d is transmitte CLAIM Highest Number Previously Paid - 38 = - 3 =	above-identifd as shown be S AS AMENI Number Extra Claims Present 0	ried application. selow. DED Rate x 52.00			
Amendment mmissioner for Pater D. Box 1450 xandria, VA 22313-1- ransmitted herewith ne fee has been calc Re Am Total Claims Independent Claims Multiple Dependent C Other fee (please spe TOTAL ADDITIONA x Large Entity No additional fee A duplicate copy of	ts 450 is an ame culated and Claims emaining After nendment 38 2 Claims (cheecify):	ndment in the d is transmitte CLAIM Highest Number Previously Paid - 38 = - 3 =	above-identifd as shown be S AS AMENI Number Extra Claims Present 0	ried application. selow. DED Rate x 52.00			
mmissioner for Pater D. Box 1450 xandria, VA 22313-14 ransmitted herewith in ne fee has been calc Re Am Total Claims Independent Claims Multiple Dependent Claims Multiple Dependent Claims TOTAL ADDITIONA X Large Entity No additional fee A duplicate copy of	450 is an ame culated and cula	CLAIM Highest Number Previously Paid - 38 = - 3 =	Number Extra Claims Present 0	Pelow. Rate x 52.00			
Total Claims Independent Claims Multiple Dependent Claims TOTAL ADDITIONA X Large Entity No additional fee A duplicate copy of	Claims emaining After nendment 38 2 Claims (cheecify):	CLAIM Highest Number Previously Paid - 38 = - 3 =	Number Extra Claims Present 0	Pelow. Rate x 52.00			
Total Claims Independent Claims Multiple Dependent Content fee (please specific please specific please specific please specific please specific please charge Dependent fee and duplicate copy of the specific please charge Dependent fee and duplicate copy of the specific please charge Dependent fee and duplicate copy of the specific please charge Dependent feet feet feet feet feet feet feet f	emaining After nendment 38 2 Claims (cheecify):	Highest Number Previously Paid - 38 =	Number Extra Claims Present 0	Rate x 52.00			
Total Claims Independent Claims Multiple Dependent Content fee (please specific please specific please specific please specific please specific please charge Dependent fee and duplicate copy of the specific please charge Dependent fee and duplicate copy of the specific please charge Dependent fee and duplicate copy of the specific please charge Dependent feet feet feet feet feet feet feet f	emaining After nendment 38 2 Claims (cheecify):	Number Previously Paid - 38 = - 3 =	Extra Claims Present 0	x 52.00			
Multiple Dependent Control Dep	2 Claims (che ecify):	- 3 =	0				
Claims Multiple Dependent Cother fee (please specific please specific please specific please specific please specific please charge Dependent Cother fee (please charge Dependent please charge Dependent please charge Dependent please specific please charge Dependent please pleas	Claims (che		L	x 220.00		0.00	
Other fee (please specification) X Large Entity No additional fee Please charge De A duplicate copy	ecify):	eck if applicabl	le)				
x Large Entity No additional fee Please charge De A duplicate copy			******				
x Large Entity No additional fee Please charge De A duplicate copy		Other fee (please specify):					
No additional fee Please charge De A duplicate copy	'r LCC L(OR THIS AME	NDMENT:			0.00	
Please charge De				Small Entity			
A duplicate copy	is required	d for this amer	ndment.				
A check in the am		ount 110,		n the amount of \$	0.00	•	
	nount of \$		is enclo	sed.			
Payment by credi	·	orm PTO-2038					
The Director is he					. 02-24	448	
as described belo	•		this sheet is e	enclosed.			
			n processing f	ees required under 37	7 CFR 1.16	and 1.17.	
	,+47,6	04		Dated: No	ovember 18	3. 2009	
Mark-J. Nuell Attorney Reg. No.:	36,623					•	
BIRCH, STEWART, I 2770 High Bluff Dri		1 & BIRCH, LL	.Р				
Suite 260 San Diego, California 858) 356-5959	a 92130						

Birch, Stewart, Kolasch & Birch, LLP

DRN/MHE/whg